AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. (currently amended) A computer implemented method for providing medical referrals and medical assignments to medical insurance claims, comprising:

~~reporting a medical insurance claim to a claim service office;~~

~~assigning the reported claim to a human claim handler at the claim service office for the claim handler to collect data relating to the reported claim;~~

receiving by a claim handler a reported medical insurance claim and collecting by the claim handler data related to the reported medical insurance claim;

forwarding the reported medical insurance claim and the collected data relating to the reported claim to ~~a~~ medical ~~assignment~~ referral logic;

automatically performing the medical ~~assignment~~referral logic on the reported medical insurance claim and the collected data to determine whether a medical referral ~~assignment~~is warranted based upon predetermined referral criteria;

~~if~~when the medical ~~assignment~~referral is warranted, automatically forwarding the reported medical insurance claim and the collected data to a ~~n integrated~~ medical case management system ~~(ICMS)~~for review by a medical case manager; ~~and~~

~~if~~when the medical ~~assignment~~ referral is not warranted, preventing the reported medical insurance claim and the collected data from ~~reaching~~being referred to the medical case management system~~ICMS~~; and

when the medical referral is warranted and the reported medical insurance claim is reviewed by the medical case manager, assigning the reported medical insurance claim by the medical case manager to a medical personnel when the assignment is warranted based upon predetermined assignment criteria.

2. (currently amended) The method of claim 1, wherein the medical insurance claim is reported from a telephone reporting center to ~~the~~ a claim service office via a claim management system.

3. (currently amended) The method of claim 1, wherein the medical ~~assignment~~referral logic ~~is derived by~~comprises analyzing previous claims that are similar to the reported medical insurance claim and their medical referrals and assignments.

4. (currently amended) The method of claim 3, wherein analyzing the previous similar claims and their medical referrals and assignments comprises:

preparing a list of data elements relating to the previous similar claims;

capturing the data elements from the prepared list; and

determining when at least one of the captured data elements is populated.

5. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

preparing a main list of combinations of a plurality of nature of injury (NOI) data and a plurality of part of body (POB) data on which the plurality of NOI are associated;

selecting from the main list a sub-list having combinations of one of the plurality of NOI and an associated one of the plurality of POB that desire medical ~~assignment~~referral (NOI/POB);

comparing the reported claim and the collected data with the sub-list of combinations of NOI/POB; and

determining that the medical ~~assignment~~ referral is warranted when the reported claim and the collected data match with the sub-list of combinations of NOI/POB.

6. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, ~~and/or~~ an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed; and

determining that the medical ~~assignment~~referral is warranted when there is the indication of anticipated surgery, ~~and/or~~ the indication of surgery already performed on the reported claim, or the indication of surgery both anticipated and performed.

7. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

determining whether there is a new date which disability began for the reported claim; and

determining that the medical ~~assignment~~referral is warranted when there exists the new date which disability began.

8. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

determining that the medical ~~assignment~~referral is warranted when the sum is greater than the predetermined monetary value.

9. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

preparing a main list of ICD-9 codes for which the medical ~~assignment~~referral is warranted;

determining whether the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes; and

determining that the medical ~~assignment~~referral is warranted when the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes.

10. (currently amended) The method of claim 9, wherein preparing the main list of ICD-9 codes for which the medical ~~assignment~~referral is warranted comprises:

preparing a first sub-list having selected ICD-9 codes which identify claims with significant medical issues that require medical attention; and

preparing a second sub-list having ICD-9 codes of early strategic intervention, which denote a desire to medically intervene.

11. (currently amended) The method of claim 1, wherein the reported claim relates to an injury sustained by an individual; and

wherein automatically performing medical ~~assignment~~referral logic comprises:

assessing the reported claim and the collected data to determine whether the injured individual has not returned to work for more than a predetermined period of time after the injury; and

determining that the medical ~~assignment~~referral is warranted when the injured individual has not returned to work for more than the predetermined period of time after the injury.

12. (currently amended) The method of claim 1, wherein automatically performing medical ~~assignment~~referral logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, ~~and/or~~ an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed;

determining whether there is a new date which disability began for the reported claim;

determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

preparing a main list of ICD-9 codes for which the medical ~~assignment~~referral is warranted.

13–20. (cancelled)

21. (new) The method of claim 1, wherein the medical referral logic comprises specific market or employer resource information.

22. (new) The method of claim 1, wherein the medical referral logic comprises information provided by medical team leaders in local claim service centers regarding (a) current methods of claim evaluation to determine medical referral; and (b) Special Account Communication (SAC) instructions that impact medical referral decisions.

23. (new) The method of claim 1, wherein the medical referral logic comprises analyzing reported medical insurance claims currently being referred and assigned for medical management and claims non-intervened for medical referral.

24. (new) The method of claim 23, wherein analyzing the reported medical insurance claims currently being referred and assigned for medical management and claims non-intervened for medical referral comprises:

preparing a list of data elements relating to the claims;

capturing the data elements from the prepared list; and

determining when at least one of the captured data elements is populated.

25. (new) The method of claim 3 or 23, wherein analyzing the claims comprises:

reviewing one or more of actual paid value, medical incurreds, indemnity incurreds, National Council on Compensation Insurance (NCCI) codes, ICD-9 data of assigned and non-assigned claims, anticipated surgery indicator, and lost time days.

26. (new) The method of claim 1, further comprising:

when the medical referral is warranted, preventing the reported medical insurance claim and the collected data from reaching the medical case management system if any of the following are true:

the claim is closed in the claim management system;

policy coverage is N (none) or U (unknown);

controverted indicator is Yes;

date of death is populated;

there is already an open medical case management system referral;

the policy is an opted out account;

there is a prior carrier policy or excess carrier file;

the injured worker returned to work full duty;

the injured worker will never return to work; or

the medical program of the host insurance carrier or health care plan provider is bypassed.

27. (new) The method of claim 1, wherein the collected data relating to the reported medical insurance claim includes data updated as medical insurance claim data change, and wherein said method further comprises the steps of:

performing the medical referral logic on the reported medical insurance claim and the updated collected data to determine whether a medical referral is warranted based upon the predetermined referral criteria; and

when the medical referral is warranted, automatically forwarding the reported medical insurance claim and the updated collected data to a medical case management system for review by a medical case manager to determine whether to assign the reported medical insurance claim to the medical personnel.

28. (new) A computer implemented method for providing medical referrals and medical assignments to medical insurance claims, comprising:

forwarding a reported medical insurance claim and collected data relating to the reported claim from a claim handler to medical referral logic;

automatically performing the medical referral logic on the reported medical insurance claim and the collected data to determine whether a medical referral is warranted, comprising the steps of:

(1) preparing a main list of combinations of a plurality of nature of injury (NOI) data and a plurality of part of body (POB) data on which the plurality of NOI are associated;

selecting from the main list a sub-list having combinations of one of the plurality of NOI and an associated one of the plurality of POB that desire medical referral (NOI/POB);

comparing the reported claim and the collected data with the sub-list of combinations of NOI/POB; and

determining that the medical referral is warranted when the reported claim and the collected data match with the sub-list of combinations of NOI/POB, and

(2) assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed; and

determining that the medical referral is warranted when there is the indication of anticipated surgery, the indication of surgery already performed on the reported claim, or the indication of surgery both anticipated and performed, and

(3) assessing the reported claim and the collected data to determine whether the injured individual has not returned to work for more than a predetermined period of time after the injury; and

determining that the medical referral is warranted when the injured individual has not returned to work for more than the predetermined period of time after the injury;

when the medical referral is warranted, automatically forwarding the reported medical insurance claim and the collected data to a medical case management system for review by a medical case manager;

when the medical referral is not warranted, preventing the reported medical insurance claim and the collected data from reaching the medical case management system; and

when the medical referral is warranted and the reported medical insurance claim is reviewed by the medical case manager, assigning the reported medical insurance claim by the medical case manager to a medical personnel when the assignment is warranted based upon predetermined assignment criteria.

29. (new) A computer implemented method for providing medical referrals and medical assignments to medical insurance claims, comprising:

forwarding a reported medical insurance claim and collected data relating to the reported claim from a claim handler to medical referral logic;

automatically performing the medical referral logic on the reported medical insurance claim and the collected data to determine whether a medical referral is warranted based upon predetermined referral criteria;

when the medical referral is warranted, automatically forwarding the reported medical insurance claim and the collected data to a medical case management system for review by a medical case manager;

when the medical referral is not warranted, preventing the reported medical insurance claim and the collected data from being referred to the medical case management system; and

when the medical referral is warranted and the reported medical insurance claim is reviewed by the medical case manager, assigning the reported medical insurance claim by the medical case manager to a medical personnel when the assignment is warranted based upon predetermined assignment criteria.

30. (new) The method of claim 1, 28, or 29 wherein the reported medical insurance claim is from a workers compensation insurance carrier, a health insurance carrier, or a health care plan provider.

31. (new) The method of claim 1, further comprising seeking by the medical case manager pre-approval for medical assignment.

32. (new) The method of claim 1, further comprising:

when the medical referral is warranted and the reported medical insurance claim is reviewed by the medical case manager, non-intervening and not assigning the reported medical insurance claim by the medical case manager to a medical personnel when any of the following is true:

the claim does not meet medical assignment criteria;

the account instructions indicate that the customer does not want medical assignment; or

the claim is a catastrophic claim or severe injury.

33. (new) The method of claim 1, further comprising:

forwarding by the claim handler a reported medical insurance claim and collected data relating to the reported claim to a medical case management system for review by a medical case manager.

34. (new) The method of claim 1, further comprising:

generating one or more management information reports based on milestones created when certain system activities take place.

35. (new) The method of claim 1, wherein when the medical referral is warranted and the reported medical insurance claim is reviewed by the medical case manager, preventing the reported medical insurance claim by the medical case manager from being assigned to the a medical personnel when the assignment is not warranted.